

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09774621

FILING DATE

02-05-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	1	✓				
2	1						52	1	✓				
3		2		2			53		2	✓			
4		2		2			54		2	✓			
5		2		2			55		2	✓			
6		2		2			56		2	✓			
7		2		2			57		2	✓			
8		2		2			58		2	✓			
9							59		1	✓			
10							60		1	✓			
11				1			61		2	✓			
12				1			62		2	✓			
13				1			63		1	✓			
14				1			64		1	✓			
15				1			65		1	✓			
16				1			66		1	✓			
17				1			67		2	✓			
18				1			68		2	✓			
19				1			69		1	✓			
20				1			70		2	✓			
21				1			71		2	✓			
22				1			72		2	✓			
23				1			73		2	✓			
24				1			74		2	✓			
25				1			75		2	✓			
26				1			76		2	✓			
27				1			77		2	✓			
28				1			78		2	✓			
29				1			79		2	✓			
30				1			80		2	✓			
31				1			81		2	✓			
32				1			82		2	✓			
33				1			83		2	✓			
34				1			84		2	✓			
35				1			85		2	✓			
36				1			86		1	✓			
37		2		2			87		2	✓			
38							88		2	✓			
39							89		2	✓			
40							90		2	✓			
41							91		2	✓			
42							92		2	✓			
43							93		2	✓			
44							94		2	✓			
45							95		2	✓			
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		4		TOTAL IND.	4					
TOTAL DEP.	52		58		41		TOTAL DEP.	76					
TOTAL CLAIMS	56		62		45		TOTAL CLAIMS	80					